

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

341

Office of Registrar of Vital Statistics.

Ward

4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Hennessy

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

1/12

Days.

Color,

W

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Md
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

118 S. Exeter

Cause of Death, { First (Primary), Second (Immediate), }

Premature birth (7 mo')
Feverishness

Duration of Last Sickness,

Lived 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 13th 1887

Undertaker, Henry H. Mears

Place of Business, 1113 E. Fayette St.

Thos. S. Latimer

M. D.

Medical Attendant.

Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No.

342

Office of Registrar of Vital Statistics.

Ward

5^u

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 11th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. E. Penn

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Fifty-four

Years,

Months,

Days.

Color,

White

~~Married~~, Single,

~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Legion Maker
Baltimore City

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

N.E. Cor. Wilkes & Front St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Cerebral Apoplexy
Coma

Duration of Last Sickness,

About 4 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 13th 1887

{ Undertaker,

Denny & Metcalfe

Medical Attendant.

M. D.

{ Place of Business,

550 W. Fayette St.

Address,

725 Green St. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permits for

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 343 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN -13- 1887

CERTIFICATE OF DEATH.

Date of Death, June 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hermine Kauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 wks

Place of Death, { Give Street and Number. } 1405 Andre St.

Cause of Death, { First (Primary), Second (Immediate), } Diarrhoea.
Spasms.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Ch.

Date of Burial, June 13. 1887

Undertaker, H. Sande & son F. J. Flannery M. D.

Place of Business, 1710 Center St. Address, 1701 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 344 Office of Registrar of Vital Statistics. Ward 10^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, June 13, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Saleslady

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington, D.C.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 250 Pine St -

Cause of Death, { First (Primary), Second (Immediate), } Consumption of the lungs.
Asthma -

Duration of Last Sickness, about 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 14th 1887

{ Undertaker, A. Lewis Schaefer John T. King M. D. Medical Attendant.

{ Place of Business, 316 N. Fremont Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A. 345 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lidia C. Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Months, 17 Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 44 Short St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, about 15 months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, June 13 1889

Undertaker William Dugue J. J. Grop M. D. Medical Attendant.

Place of Business, 150 East St Address, 1437 Elean

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 346

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 13 1887

Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), _____
Second (Immediate), _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co

Date of Burial, June 13/1887

Undertaker, Christenbury

Place of Business, 715 Light

H. B. Noble M. D.
Medical Attendant.

Address, 301 Harmon St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 347 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32 Years, - Months, - Days

Color, Caucasian

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Mariner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cecil Co Md

Duration of Residence in the City of Baltimore, Apt 18 yrs -

Place of Death, { Give Street and Number. } 304 W. Cross St

Cause of Death, { First (Primary), Second (Immediate), } Inflammation of Lung
Pneumonia

Duration of Last Sickness, Apt 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, June 14 1887

Undertaker, Hercules Ross Medical Attendant, D. S. Bell M. D.

Place of Business, 404 Cornhill St Address, Shanley Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Give the Special Attention to Physicians in the following particulars:

Health Department, City of Baltimore.

Permit No. A 348 Office of Registrar of Vital Statistics. Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Maria Hong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

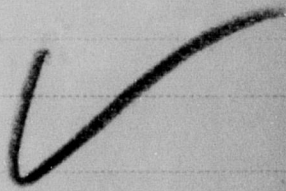
Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Romania (35 yrs in Am)

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give Street and Number. } St. Joseph Hospital

Cause of Death, { First (Primary), Second (Immediate), } Endocarditis



Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, June 14th 1887

Undertaker, W. Sanders & Son

Oscar J. Hoskey M. D.
Medical Attendant.

Place of Business, 1710 Canton Ave Address, 634 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. A. 349 Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Reed

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 49 Days.

Color, Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, 49 days

Place of Death, { Give Street and Number. } 665 Josephine St.

Cause of Death, { First (Primary), Second (Immediate), } Mania
Gastritis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury E Green

Date of Burial, June 14 1887

{ Undertaker, William D. Dinger }

{ Place of Business, 15080th St }

F B Gardner M. D.

Medical Attendant.

Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. A 357 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Whorloth Thompson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days

Color, Mulatto

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 648 Cedar alley

Cause of Death, { First (Primary), Second (Immediate), } Phurisy effusion and abscess and asthma

Duration of Last Sickness, 13 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpst cemetery

Date of Burial, June 14 1887

Undertaker, Heracles Ross

Place of Business, 44 Canal St Address, 1123 N Eutaw St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]